

Washington State Board of Health

STATEMENT OF POLICY ON POSSIBLE 2004 LEGISLATIVE ISSUES

It is the policy of the Washington State Board of Health (Policy 01-001) to monitor and comment on issues before the Legislature that either alter the Board's statutory authority, run counter to a policy direction the Board has established in rule, or directly relate to one of the Priority Topics established by the Board. In addition, the Board thought it prudent to discuss some of the major issues likely to appear on the Legislature's agenda and to reach agreement on the sense of the Board prior to session. This document represents the sense of the Board on a limited number of significant issues that the Board discussed as a whole prior to session, and is intended to guide Board staff and individual Board members in their communications.

This is neither an exhaustive nor a prescriptive list of issues that Board staff will monitor or individual Board members may comment on under Board policy. Board staff, as always, will review and monitor an extensive list of proposed legislation. There are many subjects that the Legislature might take up that the Board may choose to comment on because a bill affects the Board's authority, rules, or priorities projects.

The following statements represent the sense of the Board:

- **Access to Health Care:** The Board recognizes that the state's budget difficulties made health care cuts for the 2003-2005 biennium inevitable, but is discouraged and dismayed by the degree to which those cuts decreased access to critical health services. It is particularly concerned about protecting access for children. The Board continues to support an evidence- and population-based approach—such as the Board's "Menu of Critical Health Services"—to the design of safety net programs and benefits packages. This approach would first emphasize stable and adequate funding for public health infrastructure as outline in all five of the PHIP Standards areas. In terms of personal medical care it would emphasize primary and preventive care, disease management for chronic conditions and it would give equal weight to evidence supporting the benefits of programs that are now excluded or are likely to be eliminated—namely dental, substance abuse, and behavioral services. The Board believes stable funding is necessary to achieve universal access to such a core set of services, and that achieving stable funding would require: broad-based agreement on the menu of core services; prioritization of those services; establishment and tracking of measurable outcomes; and reformation of basic financing mechanisms.
- **Children's Preventive Services:** The Board encourages state policy makers to maintain the highest priority on promoting delivery of children's clinical preventive services. This is consistent with past Board work and the adoption of the children's clinical preventive services priority by the Governor's Subcabinet on Health and by Governor Locke in the *2002 State Health Report*. The Board supports maintaining publicly funded coverage for low-income children as a necessary component to ensuring access to clinical preventive services (though coverage is not sufficient by itself). It therefore supports the governor's proposal to reduce or eliminate planned premium shares for children participating in Medicaid programs. It urges policy makers to pursue a range of incentives, including financial incentives for parents, to assure that all Washington's children receive proven clinical preventive health services.

- **Public Health Funding:** The Washington State Board of Health supports the establishment of a stable and secure funding source for public health that would be adequate to enable local health jurisdictions, the Department of Health, and the State Board of Health to comply with the Public Health Improvement Plan as required under RCW 43.70 (notably sections 520, 550, and 580). An important part of this is ongoing funding for a comprehensive, all-hazards approach to public health emergency preparedness.
- **School Health:** The Board supports using science and public health best practice models to improve physical activity and nutrition policies and health practices in schools. It also supports programs that would improve children's access to comprehensive primary and preventive services, either through school-based care or referrals to other providers. In particular, it endorses the Governor's supplemental budget proposal that would add 25 part-time slots to the School Nurse Corps. The Board is a partner in the collaborative efforts involving the Department of Health, the Department of Social and Health Services and the Office of Superintendent of Public Instruction and other partners to develop a strategic plan for healthy learning in schools, and believes that it should remain a primary vehicle for developing state policies that will improve school health.
- **Regulatory Reform:** The Board supports efforts to create less burdensome and less intrusive models of state regulation, but only so long as those models do not deny vulnerable citizens the protection of the state.
- **Oral Health:** The Board is concerned about the poor levels of access to children's oral health care, and encourages the state to explore solutions that include maintaining Medicaid and SCHIP dental coverage to the degree possible and expanding the use of fluoridation as a population-based approach to preventing dental caries in people with limited access to oral health care.
- **Genetics and Privacy:** The Board will support the components of legislation that are consistent with the recommendations of the Genetics Task Force.
- **Model Food Code:** The Board has long endorsed the development of a statewide, consistent Food Code based on the U.S. FDA Food Code. The federal code is based on the best available science and the Board sees value in nationwide consistency. There may be few instances where local jurisdictions must deviate from the state code to respond to local circumstances.
- **Health Disparities:** The Board will monitor DOH request legislation titled "Eliminating Barriers To Initial Health Professional Licensing," and support components of legislative proposals that specifically address recommendations contained in the Board's May 2001 *Final Report on Health Disparities*. It would support the creation of a Joint Select Committee, agency office or other entity that would coordinate efforts to address health disparities.
- **Tobacco:** The Board supports full implementation of the Department of Health *Tobacco Prevention and Control Plan* and would discourage any actions, such as further Tobacco Settlement securitization, that would undermine these proven successful efforts. The Board supports any and all efforts to require smoke-free public places.
- **Children's Environmental Health:** The Board would support the creation of a Children's Health and Protection Advisory Council staffed by SBOH, but only if the state provides adequate funding.

- **Persistent Bioaccumulative Toxins:** The Board supports the goals and intent of Department of Ecology's *"Proposed Strategy to Continually Reduce Persistent Bioaccumulative Toxins (PBTs) in Washington State."*
- **On-Site Sewage:** The Board is currently reviewing rules governing on-site sewage systems. As part of that process, a rule development committee for smaller on-site systems recently finished working on rule revision recommendations – these recommendations will be presented to the Board in March. A rule development committee for larger on-site systems is being formed to develop rule revision recommendations that apply to larger on-site systems. The Board will consider recommendations from these committees, and other issues raised during the rule review process, with the goal of adopting a rule that is both evidence-based and responsive to the public health and economic concerns of stakeholders.